

Wolf Ridge Medication Administration Form

Parents please complete this form accurately and completely and submit by the time designated in order for your child to receive ANY medication while they are at Wolf Ridge Environmental Learning Camp. This includes any **over the counter medications**. This form must be fully completed **including parent and physician signature**. Any medications need to be supplied by student/family in the original container properly labeled.

Student Name _____ Date of Birth _____

Medication	Dose	Route	Frequency	Monday	Tuesday	Wednesday

Physician Signature

Physician Printed Name and Phone #

I hereby consent to have the above medications administered to my child while at Wolf Ridge ELC by Beacon Academy staff or designated personnel as assigned.

Parent signature

Parent printed name and date